

If you have questions regarding your prescription drug benefit, you may contact Medco Member Services at 1 800 355-8279.

For the most recent drug listing, visit the Medco website at **www.medco.com**.

This brochure is only one piece of your entire enrollment package.

Exclusions and limitations can be found in your The Local Choice Plan Member Handbook.



THREE-TIER DRUG PROGRAM GUIDE

THE LOCAL CHOICE PRESCRIPTION DRUG PROGRAM

REMEMBER TO SHARE THIS GUIDE WITH YOUR DOCTOR.

medco®

Medco manages your prescription drug benefit at the request of your health plan.

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Introduction

Welcome to your three-tier prescription drug plan!

Your three-tier drug program gives you access to all medications in covered classes within the confines of your plan's benefit design. Some plans exclude coverage for certain drugs or drug classes such as those prescribed for dietary supplements, cosmetic conditions, and smoking cessation.

Under this program, covered brand-name and generic drugs are generally categorized into three specific tiers, and each tier is assigned a co-payment level. (A co-payment is a fixed-dollar amount you pay for each prescription.)

Your Local Choice Drug Plan provides a prescription drug benefit that divides your prescriptions into three categories (tiers) based primarily on their cost. A number of factors are considered when classifying medications into tiers including, but not limited to:

- The absolute cost of the medication
- The cost of the medication relative to other medications in the same therapeutic class
- The availability of over-the-counter alternatives
- Clinical and safety factors

Drugs may move periodically from one tier to another. In general, tiers contain the following types of drugs:

Tier 1	Lowest co-payment	Typically, generic drugs
Tier 2	Moderate co-payment	Typically, lower-cost brand-name drugs
Tier 3	Highest co-payment	Typically, higher-cost brand-name drugs

The following pages list the most commonly prescribed covered drugs and their tier assignments. This guide was developed to illustrate how the prescription drug program works and to provide examples of the choices available to you. It also serves as a reference point for discussing prescription options with your doctors. Together you can choose not only the most appropriate medication for your condition, but medications that can help keep your expenses as low as possible.

This booklet was designed so that generic products are listed in each drug category. Corresponding brand-name versions for these generics are shown in italics as a reference.

Please call your Member Services representative at 1 800 355-8279 or refer to the Prescription Drug section of our website at **www.medco.com** for information on medications not listed in this guide.

The three-tier prescription plan provides an excellent opportunity for you to take an active role in your healthcare. Talk with your doctor about the medications being prescribed for you and discuss alternatives.

Dear Doctor:

Please refer to the Three-Tier Drug Program Guide when prescribing for this patient. This guide does not contain a complete list of drugs in the program. A complete listing is available in the Prescription Drug section of our website at www.medco.com.

Please note: This guide is not intended to substitute for your professional judgment. Rather, we offer it as a tool to help you maintain clinical efficacy while taking into account drug therapy problems and costs.

Important Comments:

Coverage Notification

This guide is subject to change. Your group's plan design may include or exclude additional drugs. Please refer to your The Local Choice Plan Member Handbook for the three-tier co-payments that apply to your plan. If there is a difference between this guide and The Local Choice Plan Member Handbook, the provisions of the member handbook will govern.

Important: This brochure is only one piece of your entire enrollment package. Exclusions and limitations can be found in your member handbook.

Days' Supply Notification

A 1-month supply will allow up to 34 days of medication. **Medco By Mail** will provide up to a 90-day supply of medication. Remember to ask your doctor to consider this when writing prescriptions for you.

Symbols Used Throughout This Guide:

- ↓ = Dosage reduction may be required in patients over 65.
- ▲ = Use in patients over 65 is associated with increased risk; safer alternatives may be available. If used, dosage should generally be lowered.

SECTION I: THERAPEUTIC DRUG CATEGORIES

ANTI-INFECTIVES (ANTIBIOTICS/ANTIFUNGALS)

Antifungals

Tier 1
fluconazole (*Diflucan*)
ketoconazole (*Nizoral*)
nystatin (*Mycostatin*)

Tier 2
Fulvicin P/G
Grifulvin V
Mycelex Troche

Tier 3
Lamisil

Cephalosporins

Tier 1
cefaclor (*Ceclor*)
cefuroxime (*Cefin*)
cephalexin (*Keflex*)

Tier 2
Omnicef

Erythromycins and other macrolides

Tier 1
erythromycin base (*E-Mycin*)
erythromycin ethylsuccinate
(*E.E.S.*)
erythromycin stearate
(*Erythrocin Stearate*)

Tier 2
Biaxin, XL
Zithromax

Quinolones

Tier 1
ciprofloxacin (*Cipro*)
ofloxacin (*Floxin*)

Tier 3
Avelox
Tequin

Penicillins

Tier 1
amoxicillin (*Amoxil*)
amoxicillin/clavulanate
(*Augmentin*)
ampicillin (*Principen*)
dicloxacillin (*Dynapen*)
penicillin VK (*Pen-Vee K*)

Sulfas

Tier 1
smz/tmp (*Bactrim DS*)
sulfisoxazole/erythromycin
(*Pediazole*)

Tetracyclines

Tier 1
doxycycline (*Vibramycin*)
minocycline (*Dynacin*)
tetracycline (*Acbromycin V*)

Urinary Tract Agents

Tier 1
methenamine hippurate
nitrofurantoin (*Macrochantin*)
phenazopyridine (*Pyridium*)
trimethoprim (*Proloprim*)

Misc Agents

Tier 1
clindamycin (*Cleocin*)
metronidazole (*Flagyl*)

Vaginal Antifungals

Tier 1
nystatin (*Mycostatin*)

Tier 2
Terazol

Antiviral Therapy

Tier 1
acyclovir (*Zovirax*)
Tier 3
Famvir
Valtrex

Influenza

Tier 1
amantadine (*Symmetrel*)
Tier 2
Flumadine
Tier 3
Tamiflu

CARDIOVASCULAR (BLOOD PRESSURE/HEART/ CHOLESTEROL)

ACE Inhibitors/Comb. Products

- Tier 1
benazepril/benazepril HCl
(*Lotensin/Lotensin HCT*)
↓ captopril (*Capoten*)
enalapril (*Vasotec*)
fosinopril/fosinopril HCT
(*Monopril/Monopril HCT*)
lisinopril/lisinopril HCT
(*Prinivil/Prinivil HCT*)
moexipril (*Univasc*)
quinapril (*Accupril*)

Tier 2
Aceon
Altace
Mavik

Antilipidemics

- Tier 1
cholestyramine (*Questran*)
↓ gemfibrozil (*Lopid*)
lovastatin (*Mevacor*)
niacin (*Niacor*)

Tier 2
Altacor
Colestid (cans, packs, tabs)
Lescol
Lipitor
Niaspan, ER
Tricor
Vytorin
Zetia
↓ Zocor

Angiotensin II Blockers

Tier 2
Atacand
Benicar/Benicar HCT
Cozaar
Diovan/Diovan HCT
Hyzaar
Micardis/Micardis HCT
Teveten

Beta Blockers

Tier 1
acebutolol (*Sectral*)
atenolol (*Tenormin*)
labetalol (*Normodyne*)
metoprolol (*Lopressor*)
nadolol (*Corgard*)
propranolol (*Inderal*)
propranolol LA (*Inderal LA*)
timolol (*Blocadren*)

Tier 2
Toprol XL

Calcium Blockers

- Tier 1
diltiazem (*Cardizem*)
diltiazem SR (*Cardizem SR*)
↓ verapamil (*Calan, Verelan*)
↓ verapamil long acting
(*Calan SR*)

Tier 2
Cardizem CD
Sular

Dihydropyridines

Tier 1
nifedipine, ER, XL (*Procardia*)
Tier 2
DynaCirc, DynaCirc CR
Norvasc
↓ Plendil

Nitroglycerin Patches

Tier 1
nitroglycerin transdermal
(*Nitro-Dur*)

Tier 2
Nitro-Dur

Other Anti-Hypertensives

Tier 1
bisoprolol/bisoprolol HCTZ
(*Ziac*)
clonidine (*Catapres*)
doxazosin (*Cardura*)
guanfacine (*Tenex*)
▲ methyl dopa (*Aldomet*)
▲ prazosin (*Minipress*)
↓ terazosin (*Hytrin*)
Tier 2
Lotrel
Tier 3
Catapres TTS

ENDOCRINE (DIABETES/HORMONES/ CONTRACEPTIVES)

Insulin Therapy

Tier 2
Humalog
Humulin (all forms)
Iletin
Innolet
Novolin
Novolog

Oral Hypoglycemics

Tier 1
↓ glipizide, ER (*Glucotrol*)
glyburide (*Micronase*)
metformin (*Glucophage*)
Tier 2
Actos
Amaryl
Avandia
Glucovance
Glyset
Prandin
Starlix

ENDOCRINE (DIABETES/HORMONES/ CONTRACEPTIVES) CONT.

Estrogens

Tier 1
estropipate (*Ogen*)
estradiol (*Estrace*)
Tier 2
CombiPatch
Estraderm, Vivelle, Climara
Estratest, HS
FemHrt
Premarin
Premphase, Prempro

Oral Contraceptives

Tier 1
desogestrel-ethinyl estradiol
(*Desogen, Ortho-Cept,*
Cyclessa)
desogestrel-ethinyl estradiol/
ethinyl estradiol (*Mircette*)
ethynodiol d-ethinyl estradiol
(*Demulen*)
levonorgestrel-ethinyl estradiol
(*Alesse, Nordette, Tri-Leven,*
Triphasil)
norethindrone a-e estradiol
(*Loestrin*)
norethindrone a-e estradiol/
ferrous fumarate (*Loestrin Fe*)
norethindrone-ethinyl estradiol
(*Brevicon, Modicon, Norinyl,*
Ortho-Novum)
norethindrone-mestranol
(*Norinyl, Ortho-Novum*)
norgestimate-ethinyl estradiol
(*Ortho Tri-Cyclen,*
Ortho-Cyclen)
norgestrel-ethinyl estradiol
(*Lo/Ovral, Ovral*)

Tier 2
Activella
Ortho Evra
Ortho Tri-Cyclen/Lo
Yasmin

G.I. (ULCER)

Ulcer Drugs/GERD Drugs

Tier 1
↓ cimetidine (*Tagamet*)
famotidine (*Pepcid*)
↓ nizatidine (*Axid*)
omeprazole (*Prilosec*)
↓ ranitidine (*Zantac*)

Tier 2
Nexium
Protonix

Other G.I. Drugs

Tier 1
↓ metoclopramide (*Reglan*)
sucralfate (*Carafate*)

Tier 2
Cytotec

OSTEOPOROSIS

Tier 1
estradiol (*Estrace*)

Tier 2
Climara
Miacalcin
Premarin

Tier 3
Actonel
Evista

PSYCHOTHERAPEUTICS (ANXIETY/DEPRESSION)

Tricyclic Antidepressants

Tier 1
▲ amitriptyline (*Elavil*)
▲ clomipramine (*Anafranil*)
↓ desipramine (*Norpramin*)
▲ doxepin (*Sinequan*)
▲ imipramine (*Tofranil*)
↓ nortriptyline (*Pamelor*)
▲ protriptyline (*Vivactil*)

Tier 2
Tofranil PM

Misc. Antidepressants

Tier 1
↓ bupropion, SR (*Wellbutrin*)
mirtazapine (*Remeron*)
nefazodone (*Serzone*)
↓ trazodone (*Desyrel*)

Tier 2
↓ Effexor, XR

SSRI

Tier 1
citalopram (*Celexa*)
fluoxetine (*Prozac*)
paroxetine (*Paxil*)

Tier 2
↓ Zoloft

Anxiolytics

Tier 1
↓ alprazolam (*Xanax*)
buspirone (*Buspar*)
▲ chlordiazepoxide (*Librium*)
▲ clorazepate (*Tranxene*)
▲ diazepam (*Valium*)
↓ lorazepam (*Ativan*)
↓ oxazepam (*Serax*)

PSYCHOTHERAPEUTICS (ANXIETY/DEPRESSION) CONT.

Antipsychotics

Tier 1

- ↓ chlorpromazine (*Thorazine*)
- ↓ clozapine (*Clozaril*)
- ↓ haloperidol (*Haldol*)
- ↓ perphenazine (*Trilafon*)
- ↓ thioridazine (*Mellaril*)
- ↓ thiothixene (*Navane*)

Tier 2

- ↓ Risperdal
- ↓ Seroquel

Tier 3

- ↓ Zyprexa

Hypnotic Agents

Tier 1

- ▲ flurazepam (*Dalmane*)
- ↓ temazepam (*Restoril*)
- ↓ triazolam (*Halcion*)

Tier 3

- ↓ Ambien
- ↓ Sonata

Misc. Psychotherapeutic Agents

Tier 1

- dextroamphetamine sulfate (*Dexedrine*)
- lithium carbonate (*Eskalith*)
- lithium citrate
- Metadate ER
- Methylin ER
- methylphenidate, SR (*Ritalin*)

Tier 2

- Dexedrine
- Eskalith, Lithonate
- Metadate CD
- Ritalin, SR

NSAIDs (PAIN RELIEVERS)

NSAIDs

Tier 1

- diclofenac potassium
- diclofenac sodium (*Voltaren*)
- etodolac, XL (*Lodine*)
- flurbiprofen (*Ansaid*)
- ibuprofen (*Motrin*)
- ▲ indomethacin, SR (*Indocin*)
- ketoprofen (*Orudis*)
- ketoprofen SR (*Oruviel*)
- ketorolac
- nabumetone
- naproxen (*Naprosyn*)
- naproxen sodium (*Anaprox*)
- oxaprozin (*Daypro*)
- piroxicam (*Feldene*)
- sulindac (*Climoril*)

Tier 3

- Naprelan

NSAID COX-2 Inhibitors

Tier 3

- Celebrex

MIGRAINE & CLUSTER HEADACHE THERAPY

Tier 1

- asa/butalbital/cafeine (*Fiorinal*)
- butalbital/cafeine/apap (*Fioricet*)
- ergotamine/cafeine (*Cafergot*)
- isometheptene/
dichloralphenazone/apap (*Midrin*)

Tier 2

- Frova
- Imitrex
- Maxalt
- Relpax
- Zomig

Tier 3

- Sansert

RESPIRATORY (ALLERGY/ASTHMA)

Antihistamines

Tier 1

- Astelin nasal spray
- ▲ clemastine (*Tavist*)
- ▲ dexchlorpheniramine (*Polaramine*)
- ▲ diphenhydramine (*Benadryl*)
- ▲ tripeleennamine (PBZ-SR)

Tier 2

- Optimine

Tier 3

- Zyrtec/D

Beta Agonists

Tier 1

- albuterol (*Proventil*)
- isoetharine soln. (*Bronkosol*)
- metaproterenol (*Alupent*)

Tier 2

- Alupent MDI
- Maxair MDI, Autohaler
- Proventil HFA
- Proventil Repetabs
- Serevent, Diskus
- Ventolin Rotacaps

Inhaled Steroids

Tier 2

- Azmacort
- Beclovent, Vanceryl
- Flovent Rotadisk
- Pulmicort

Nasal Corticosteroids

Tier 2

- Beconase AQ
- Flonase
- Nasacort, AQ
- Nasonex
- Rhinocort, AQ
- Vancenase AQ DS, 84 mcg.
- Vancenase pockethaler

Misc. Pulmonary Agents

Tier 1

- acetylcysteine (*Mucomyst*)
- cromolyn nebul. soln. (*Intal*)
- ipratropium MDI (*Atrovent*)

Tier 2

- Advair
- Atropine nebul. soln.
- Combivent
- Tilade

Tier 3

- Spiriva
- Xopenex

Section II: Outpatient Medications Requiring a Coverage Review for The Local Choice Prescription Drug Program

Certain medications require a coverage review. In these cases, clinical criteria based on current medical information and appropriate use must be met. Information must be provided before coverage is approved. You, your doctor, or your local pharmacist may call 1 800 753-2851 toll-free to initiate a coverage review. When you use Medco By Mail, Medco will call your doctor to start the coverage review process. The review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe, and effective. Members with questions pertaining to a prescription drug coverage review should contact Medco Member Services at 1 800 355-8279 for more information. The following drugs currently require a coverage review. **Please note that both lists are subject to change.**

Classification	Medications
Dermatology	Avita and Retin-A (greater than age 35), Amevive
Gonadotropin Releasing Hormones Analogs	Lupron, Synarel
Growth Hormones	Genotropin, Humatrope, Norditropin, Nutropin, Protropin, Saizen, Serostim, etc. (Excluded under Cost Alliance)
Immunoglobulins	Gamimune N, Gammagard, Gammar-IV, Iveegam, Venoglobulin, Sandoglobulin
Interferons	Actimmune, Alferon N, Intron A, PEG-Intron, Pegasys, Rebetrone, Roferon-A, Infigen
Miscellaneous Agents	Amevive, Botox, Gleevec, Lotronex, Myobloc, Provigil, Raptiva, Weight-loss medications, Xolair, Zelnorm
NSAIDs/COX-2 Inhibitors*	Celebrex*, Mobic*
Respiratory Syncytial Virus Prevention	Synagis, Respigram
Rheumatoid Arthritis Therapy	Enbrel, Kineret, Remicade, Humira, Arava

Medication With Quantity Limitations

The Plan has set quantity limitations for these drugs. You must obtain a coverage review to obtain quantities in excess of these limitations.

Medication	Quantity Limitation
Amerge	Any combination of tablets, not to exceed 12 per rolling 30 days
Axert	Any combination of tablets, not to exceed 12 per rolling 30 days
Caverject	Up to 8 injections within 30 days
Cialis	Up to 8 tablets within 30 days
Diflucan	Up to 7,200mg within 180 days
Diflucan (150 mg only)	Up to 4 tablets per co-payment
Edex	Up to 8 injections within 30 days
Frova	Any combination of tablets, not to exceed 12 per rolling 30 days
Imitrex	Any combination of tablets, injections, or nasal sprays, not to exceed 12 per rolling 30 days
Lamisil	Up to 22,500mg within 180 days
Levitra	Up to 8 tablets within 30 days
Maxalt	Any combination of tablets, not to exceed 12 per rolling 30 days
Muse	Up to 8 suppositories within 30 days
Neulasta	One injection per co-payment
Relenza	Up to 20 tablets within 180 days
Relpax	Any combination of tablets, not to exceed 12 per rolling 30 days
Sporanox	Up to 18,000mg within 180 days
Stadol Nasal Spray	Up to 4 canisters within 30 days
Tamiflu	Up to 10 tablets within 180 days
Toradol	Up to 20 tablets or 20 injections per prescription
Viagra	Up to 8 tablets within 30 days
Zomig	Any combination of tablets, not to exceed 12 per rolling 30 days

*These medications will process at the pharmacy without a coverage review if certain criteria are met. If the applicable criteria are not met, a coverage review will be required.